

Exhibit 1

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UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF NEW YORK

Chapter 11 - Case No. 19-23649 (RDD)

In re:

PURDUE PHARMA L.P., et al.,

Debtors.

HIGHLY CONFIDENTIAL

REMOTE DEPOSITION OF CRAIG LANDAU, MD

NOVEMBER 24, 2020 - 8:30 A.M. EST

JOB NO. 2020-89913

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NOVEMBER 24, 2020

8:30 A.M. EST

REMOTE DEPOSITION of CRAIG LANDAU, MD,
before S. Arielle Santos, Certified Court
Reporter, Certified LiveNote Reporter and Notary
Public.

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2 document come to mind that refreshed
3 your recollection?

4 A No.

5 Q You joined Purdue Pharma
6 in 1999; is that correct?

7 A Yes.

8 Q You had had a job at
9 another pharmaceutical company before
10 that, correct?

11 A Correct.

12 Q What was the job before
13 Purdue?

14 A It was a job at Knoll
15 Pharmaceutical Company in Mt. Olive,
16 New Jersey. I was an associate
17 medical director in clinical research.

18 Q And approximately how long
19 did you hold that position at Knoll?

20 A I would say between one
21 and one and a half years, or
22 thereabout; a long time ago.

23 Q How did you come to work
24 at Purdue?

25 A I had met -- I had met a

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2 A This was quite sometime
3 ago. But I believe Dr. Wright was in
4 a much higher level position and, you
5 know, overseeing multiple programs
6 through other individuals. I am not
7 certain I ever reported directly to
8 Dr. Wright.

9 Q When Purdue's first
10 criminal conviction happened in 2007,
11 you had been working at Purdue for
12 approximately eight years; is that
13 correct?

14 A Yes.

15 Q You were aware of the
16 criminal conviction about the time it
17 happened in 2007, correct?

18 A Yes.

19 Q How did you feel about the
20 criminal conviction at the time?

21 A Regret. Surprise, since
22 in my understanding, the basis for the
23 conviction was from matters that I
24 wasn't involved in obviously. And a
25 bit of embarrassment.

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2 have no recollection based on
3 anything other than what I would
4 have discussed with counsel.

5 BY MR. ALEXANDER:

6 Q Are you aware that
7 Purdue's board has formed a special
8 committee?

9 A Yes.

10 Q Have you been interviewed
11 by the special committee?

12 A Not to my knowledge.

13 MR. ALEXANDER: Mr. Suarez,
14 you can take this exhibit down.

15 BY MR. ALEXANDER:

16 Q Dr. Landau, you are aware
17 that there is an opioid crisis in
18 America, correct?

19 A Yes, I am.

20 Q And you are aware that the
21 lawsuits against Purdue include
22 allegations that Purdue caused much of
23 the opioid crisis, correct?

24 A I believe I am aware of
25 that, yes.

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Q Have you ever tried to figure out whether Purdue caused the opioid crisis?

MS. IMES: Object to form.

THE WITNESS: I wonder at times. But causation, from a legal perspective, is -- is something best left to those with the experience or expertise to consider.

My view is that the answer is while our products, one or another product has been the subject of a significant abuse, misuse, and diversion with consequences, that Purdue did not cause the opioid crisis.

The crisis is complex and multi-factorial. It's acknowledged to have multiple factors needing to be considered, whether they be sociological, financial, or economical behavior, or

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2 biologic, access to healthcare,
3 and others. It's a tragedy no
4 matter how you slice it, and we
5 are doing our best to address
6 it.

7 BY MR. ALEXANDER:

8 Q Dr. Landau, I notice that
9 you mentioned that the product has
10 been subject to abuse, misuse, and
11 diversion; is that correct?

12 A Yes, that is correct.

13 Q But you did not mention
14 addiction, did you?

15 A Not in that --

16 MS. IMES: Objection to
17 form.

18 THE WITNESS: I don't
19 believe I mentioned addiction in
20 the previous testimony, but that
21 is true as well.

22 BY MR. ALEXANDER:

23 Q You didn't mention opioid
24 use disorder, did you?

25 A I don't believe I did.

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2 of the outcomes we report on.

3 And so if this meets your

4 criteria, I would say the answer

5 is yes.

6 MR. ALEXANDER: Mr. Suarez,

7 please pull up document MA-05.

8 Dr. Landau, you will also

9 find this in the hard copy.

10 This is a public document and

11 has no Bates number.

12 THE REPORTER: Landau 5.

13 (Landau Exhibit 5, United

14 HealthCare Insurance Proof of

15 Claim, is Marked.)

16 BY MR. ALEXANDER:

17 Q Dr. Landau, this is a

18 proof of claim submitted in the

19 bankruptcy by United HealthCare.

20 Please direct your

21 attention to the first page.

22 At the top of the page it

23 says, "Creditor Name: United

24 HealthCare Services, Inc."

25 Do you see that?

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2 A (Reviewing.) Yes, I do.

3 Q You are aware that United
4 HealthCare is a health insurance
5 company, correct?

6 A I am.

7 Q Please direct your
8 attention to page 5 of the document.

9 This page says,
10 "Attachment to Proof of Claim."

11 Do you see that?

12 A Yes.

13 Q The last paragraph on this
14 page begins "Debtors' scheme caused
15 millions of Americans to develop
16 Opioid-Use Disorder."

17 Do you see that?

18 A Yes, I do.

19 Q Do you know whether Purdue
20 caused millions of Americans to
21 develop opioid-use disorder?

22 A I don't. And I -- if it
23 relies upon a scheme, I am not certain
24 what scheme that's referring to.

25 Q Do you know whether Purdue

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2 caused any Americans to develop
3 opioid-use disorder?

4 A (Reviewing.)

5 MS. IMES: Objection to
6 form.

7 THE WITNESS: You know, I
8 am not certain I am comfortable
9 with the premise. When -- when
10 you say "cause," it -- it
11 implies, to me as a non-lawyer,
12 it implies intent.

13 Purdue develops and makes
14 available medicines for
15 patients. And opioids, such as
16 OxyContin, carry known
17 liability.

18 And what I can say is I am
19 certain that any number of
20 individuals, pain patients or
21 non-pain patients who have
22 secured or ingested OxyContin,
23 either developed or, you know,
24 were suffering from opioid-use
25 disorder.

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2 BY MR. ALEXANDER:

3 Q Dr. Landau, you mentioned
4 pain patients and non-pain patients;
5 is that correct?

6 A Correct.

7 Q Has Purdue implemented a
8 strategy to blame the national opioid
9 crisis on non-pain patients?

10 MS. IMES: Objection.

11 Asked and answered. No
12 foundation.

13 THE WITNESS: As far as I
14 know, absolutely not. And if I
15 did know that that was a brewing
16 strategy, I would not have
17 signed on and approved that.

18 BY MR. ALEXANDER:

19 Q Please direct your
20 attention to page 6.

21 The first sentence of this
22 page says, "Based on the analysis
23 undertaken to date, between January 1,
24 2008, and December 31, 2019, United
25 paid healthcare benefits and

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2 reimbursement for hundreds of
3 thousands of members who were
4 diagnosed with OUD after receiving a
5 prescription for an opioid
6 manufactured and marketed by Debtors."

7 Do you see that?

8 A I don't actually. I am
9 thinking your page 6 is different from
10 my page 6.

11 Q That's why the lawyers ask
12 the question whether you see it.

13 It's the second page of
14 the attachment to Proof of Claim.

15 A Okay. Now I see it.

16 Sorry. It's labeled page
17 2 in my document. Sorry.

18 (Reviewing.)

19 Q The first sentence on this
20 page says, "Based on the analysis
21 undertaken to date, between January 1,
22 2008, and December 31, 2009, [sic],
23 United paid healthcare benefits and
24 reimbursement for hundreds of
25 thousands of members who were

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2 diagnosed with OUD after receiving a
3 prescription for an opioid
4 manufactured and marketed by Debtors."

5 Do you see that?

6 A (Reviewing.) Yes. Let me
7 just digest that for a moment, if you
8 don't mind. (Reviewing.)

9 Okay. I see that. Sorry.

10 Q You are aware that
11 insurance companies have data about
12 prescriptions they pay for, correct?

13 A Yes.

14 Q And you are aware that
15 insurance companies sometimes have
16 data related to diagnoses for
17 patients, correct?

18 A I believe --

19 (Simultaneous Crosstalk.)

20 MS. IMES: Objection to
21 form.

22 THE WITNESS: I believe so.

23 BY MR. ALEXANDER:

24 Q Purdue opioids pose a risk
25 of addiction, correct?

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2 A To my knowledge, all
3 opioids pose a risk of addiction,
4 including Purdue's opioids, yes.

5 Q Purdue opioids pose a risk
6 of addiction even as taken as
7 prescribed, correct?

8 MS. IMES: Objection to
9 form.

10 THE WITNESS: Yes. And
11 that risk is -- is so labeled in
12 what I believe is a black box on
13 the product monograph.

14 BY MR. ALEXANDER:

15 Q Being prescribed Purdue
16 opioids can put a patient at risk of
17 developing opioid-use disorder,
18 correct?

19 A I believe so, yes.

20 Q Opioid-use disorder is
21 dangerous, correct?

22 A Opioid-use disorder is a
23 serious problem and can be dangerous,
24 yes.

25 Q Do you know whether United

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2 paid healthcare benefits and
3 reimbursements for hundreds of
4 thousands of members who were
5 diagnosed with OUD after receiving a
6 prescription for an opioid
7 manufactured and marketed by Purdue?

8 A I do not know.

9 Q Has Purdue ever determined
10 how many patients who were prescribed
11 Purdue opioids developed opioid-use
12 disorder?

13 A I don't know.

14 MR. ALEXANDER: Mr. Suarez,
15 you can take down this document.

16 BY MR. ALEXANDER:

17 Q Purdue is working on a
18 plan that will turn the company's
19 assets over to its creditors, correct?

20 A Yes.

21 Q After emergence, the
22 creditors will get the benefits of the
23 future business, correct?

24 MR. MCCLAMMY: This is Jim
25 McClammy, counsel for the

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2 guidelines.

3 For all we know, sitting
4 here today, these -- the prescriptions
5 under analysis could be entirely
6 directed towards end-of-life care or
7 palliative care or cancer pain or
8 Sickle Cell Disease, as unlikely as it
9 is, which would make this completely
10 irrelevant.

11 So this is -- while
12 numerically I would agree with your
13 statement, it's, to me,
14 uninterpretable.

15 Q You are aware that
16 evidence shows that higher doses of
17 opioids are more dangerous than lower
18 doses, correct?

19 A Yes.

20 Q And based on what you
21 know, you agree that higher doses of
22 opioids are more dangerous than lower
23 doses, correct?

24 A I think generally
25 speaking, I -- I believe there is a

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2 measures are taken, thousands of
3 Purdue patients will die of overdoses
4 during this case."

5 Do you see that?

6 A Yes.

7 Q It's true that whoever
8 runs the OxyContin business after this
9 bankruptcy should pay attention to
10 data about patients who are prescribed
11 OxyContin and die of overdoses,
12 correct?

13 A I would say yes, of
14 course. I hesitate only -- only
15 because the ability of a
16 pharmaceutical company to, using your
17 words, pay attention to individual
18 patients is, I would say, limited
19 because that's the role of the
20 treating physician.

21 If it's possible and it
22 doesn't violate HIPAA considerations
23 or laws, you know, I would say close
24 attention to all matters of such
25 import would be -- would be good.

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2 MR. ALEXANDER: Mr. Suarez,
3 please pull up document MA-09.

4 Dr. Landau, you have this
5 in hard copy. This document is
6 designated highly confidential
7 and bears Bates number
8 RSF00038124.

9 THE REPORTER: Landau 8.
10 (Landau Exhibit 8,
11 RSF00038124 - 125, is Marked.)

12 BY MR. ALEXANDER:

13 Q Dr. Landau, please direct
14 your attention to the top of the page.

15 This appears to be an
16 e-mail from you to Jonathan Sackler,
17 dated November 5, 2018, correct?

18 A Yes, that is correct.

19 Q And your e-mail says,
20 "Thanks for following up with these,
21 Jon. As we discussed, I will share
22 the ideas with the proper people and
23 get back to you with thoughts."

24 Do you see that?

25 A Yes.

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2 Q Below that is an e-mail
3 from Jonathan Sackler to you.

4 Do you see that?

5 A I do.

6 Q Jonathan writes, "Craig,
7 as we discussed, here is a list of
8 ideas that might be incorporated into
9 our programs."

10 Do you see that?

11 A Yes.

12 Q At the bottom of the
13 e-mail, there's a list of 12 items,
14 correct?

15 A Yes.

16 Q In that list, item number
17 7 says, "Offer a 'we stand by our
18 patients' program of
19 treatment/counseling for patients who
20 were properly prescribed our products
21 and subsequently developed an OUD."

22 Do you see that?

23 A I do see that.

24 Q OUD is an abbreviation for
25 opioid-use disorder, correct?

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2 A That's my understanding,
3 yes.

4 Q For as long as you have
5 worked at Purdue, you have always
6 known that patients who are properly
7 prescribed Purdue opioids could
8 develop opioid-use disorder, correct?

9 A Yes. That is a clear risk
10 associated with a controlled
11 substantial such as oxycodone and
12 OxyContin, and it's clearly -- clearly
13 indicated as such in the product
14 monograph.

15 Q Do you know how many
16 patients who were properly prescribed
17 Purdue opioids developed opioid-use
18 disorder?

19 A I do not personally know
20 that.

21 Q Could be thousands of
22 patients, correct?

23 MS. IMES: Objection.

24 THE WITNESS: I would be
25 speculating, Mr. Alexander. I

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2 don't know.

3 BY MR. ALEXANDER:

4 Q Could be tens of thousands
5 of patients, correct?

6 MS. IMES: Objection.

7 THE WITNESS: Again, I
8 would be speculating. I have no
9 knowledge of what the number is
10 or what data source would be
11 clean enough to allow you to
12 calculate that number.

13 BY MR. ALEXANDER:

14 Q For example, Dr. Landau,
15 if we looked at the United HealthCare
16 Proof of Claim, it could be hundreds
17 of thousands of patients, correct?

18 MS. IMES: Objection.

19 THE WITNESS: Yeah. As I
20 mentioned in earlier testimony,
21 it would be, you know, being
22 unfamiliar with the basis of the
23 data behind their proof of
24 claim, one would have to
25 understand the individual

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2 circumstances regarding the --
3 the patient under consideration,
4 whether that was a pain patient
5 prescribed the product, whether
6 they were -- it was a history of
7 prior opioid-use disorder,
8 whether there were concomitant
9 medications involved.

10 I mean, it's -- it's very
11 detailed. But I am not in any
12 way disputing the fact that
13 opioid-use disorder is a risk
14 associated with a, you know, a
15 Schedule II substance like
16 OxyContin.

17 BY MR. ALEXANDER:

18 Q To the best of your
19 knowledge, has Purdue ever tried to
20 find out how many patients who were
21 properly prescribed Purdue opioids
22 developed opioid-use disorder?

23 MS. IMES: Objection to
24 form.

25 THE WITNESS: I am not

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2 certain. We may or may not
3 have. I am just not aware of
4 whether we have.

5 BY MR. ALEXANDER:

6 Q In this e-mail, Jonathan
7 Sackler wrote about a program of
8 treatment/counseling, correct?

9 A Yes.

10 Q Do you know how much it
11 costs to provide successful treatment
12 for one patient for opioid-use
13 disorder?

14 A I am not -- I am not
15 certain how one would define
16 "successful treatment." But given my
17 understanding of opioid-use disorder
18 and addiction, as a chronic disease, I
19 assume it's substantial.

20 Q Some patients have emptied
21 their savings account trying to pay
22 for treatment, correct?

23 A I don't know that to be
24 true, but I am sure it's very, very
25 possible.

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2 Q Do you know how much harm
3 opioid-use disorder inflicts on a
4 person beyond the cost of treatment?

5 A The disease of addiction
6 is devastating.

7 Q Opioid-use disorder can
8 cause people to lose their jobs,
9 correct?

10 A Yes.

11 Q Opioid-use disorder can
12 cause people to lose their housing,
13 correct?

14 A Yes.

15 Q Opioid-use disorder can
16 damage a marriage, correct?

17 A Yes.

18 Q Opioid-use disorder can
19 cause parents to lose custody of their
20 children, correct?

21 A Yes.

22 Q Opioid-use disorder can
23 lead to overdose and death, correct?

24 A Yes.

25 Q Purdue never offered a "we

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2 stand by our patients" program, did
3 it?

4 A I don't believe a program
5 suggested -- the program suggested by
6 Jonathan Sackler, who is now deceased,
7 of course, was implemented.

8 I think over the years
9 Purdue was -- it's my understanding
10 that the company was, you know, very
11 active in looking for ways to address
12 the underlying issues, you know, not
13 limited to chronic pain
14 patient-related issues, but issues
15 related to abuse, misuse, diversion,
16 addiction, overdose.

17 In Jonathan's e-mail, it
18 appears to me he was obviously
19 interested and thinking about novel
20 ways in which we could address these
21 issues in a serious and helpful way,
22 and I just -- I don't believe we
23 pursued item number 7.

24 Q Purdue never offered a
25 program of treatment and counseling

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2 and Rheumatology Products.

3 Q Now, please direct your
4 attention to the last page of the
5 document.

6 This page contains Dr.
7 Rappaport's electronic signature and
8 the date of October 3, 2008.

9 Do you see that?

10 A Yes.

11 Q That's some proof that Ms.
12 Imes and I are members of the same
13 profession.

14 Let's now go back to the
15 first page.

16 At the end of the third
17 paragraph, the letter says, "It will
18 be necessary for you to submit a
19 proposed Risk Evaluation and
20 Mitigation Strategy (REMS) for the
21 reasons described below."

22 Do you see that?

23 A Yes, I do.

24 Q While you were working at
25 Purdue in 2008, the FDA asked Purdue

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2 to submit a proposed REMS for
3 OxyContin, correct?

4 A That's correct, yes.

5 Q Near the bottom of this
6 page it says, "We have become aware
7 postmarketing reports of overdose
8 abuse and addiction associated with
9 OxyContin."

10 Do you see that?

11 A Yes. (Reviewing.)

12 Q I think I heard you, but I
13 wasn't sure.

14 A I'm sorry. Yes. I see
15 it. I am aware of it.

16 Q While you were working at
17 Purdue in 2008, the FDA told Purdue
18 that it was aware of post-marketing
19 reports of overdose, abuse, and
20 addiction associated with OxyContin,
21 correct?

22 A Yes, that is correct.

23 Q Please direct your
24 attention to the second page.

25 There is a paragraph with

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2 the bold words, "Elements to Assure
3 Safe Use."

4 Do you see that?

5 A I do.

6 Q It says, "We have
7 determined that elements to assure
8 safe use are necessary to mitigate
9 serious risks listed in the labeling
10 of the drug."

11 Do you see that?

12 A Yes.

13 Q At the end of the
14 paragraph it says, "Your REMS must
15 include tools to manage these risks,
16 including at least the following:"

17 Do you see that?

18 A Yes.

19 Q While you were working at
20 Purdue in 2008, the FDA told Purdue
21 that it was required to submit a REMS
22 that must include certain required
23 elements, correct?

24 A Yes, that is correct.

25 Q The FDA told Purdue that

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2 the purpose of the REMS was to
3 mitigate serious risks, correct?

4 A Yes, that is correct.

5 Q Below the language that we
6 just read, there's an item labeled
7 number 1, that says, "A plan to ensure
8 that OxyContin will only be prescribed
9 by prescribers who are specially
10 certified."

11 Do you see that?

12 A Yes.

13 DOCUMENT TECH: I
14 apologize. This is the document
15 tech. What page are we on?

16 THE WITNESS: Page 2.

17 DOCUMENT TECH: Okay.

18 Thank you.

19 MR. ALEXANDER: Are you all
20 set, Mr. Suarez?

21 DOCUMENT TECH: Yes, I am.

22 Thank you. I apologize for the
23 interruption.

24 MR. ALEXANDER: It's no
25 trouble.

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2 BY MR. ALEXANDER:

3 Q You worked on Purdue's
4 response to that FDA request, correct?

5 A Yes, I did.

6 Q Richard Sackler's
7 daughter, Mariana Sackler, worked on
8 Purdue's response to that FDA request,
9 correct?

10 A I don't believe she worked
11 on the response. She worked
12 internally as a coordinator of sorts,
13 out of her interest to provide
14 assistance.

15 Q Consultants from McKinsey
16 worked on Purdue's response to that
17 FDA request, correct?

18 A I am not sure they worked
19 on the response either. It's possible
20 that they contributed to it. But that
21 was the -- the response was a Purdue,
22 you know, sponsor -- a sponsor's
23 response.

24 Q The Sackler family members
25 on the board of directors were briefed

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2 on Purdue's response to that FDA
3 request, correct?

4 A I think -- I'm sorry. Can
5 you -- I'm sorry. I was thinking as
6 you were speaking. Can I ask you
7 repeat the question? I apologize.

8 Q It's no trouble.
9 There were Sackler family
10 members on the board of directors of
11 Purdue at the time, correct?

12 A Yes.

13 Q The Sackler family members
14 on the board of directors were briefed
15 on Purdue's response to that FDA
16 request, correct?

17 A I think the -- you know,
18 the Sackler members who were Sackler
19 family members who were serving on the
20 board would have been briefed in the
21 context of board meetings where other
22 non-Sackler, you know, independent
23 directors would have been briefed.

24 I hesitate a bit because
25 I'm -- although my memory is vague,

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2 I'm not certain we actually provided a
3 response to the agency. We were
4 certainly working on our response, but
5 I -- I'm not sure we provided a
6 response.

7 Perhaps you have documents
8 to show otherwise.

9 Q Today, is the authority to
10 prescribe OxyContin limited to
11 prescribers who are specially
12 certified?

13 A Sadly not. You know, we
14 had --

15 (Simultaneous Crosstalk.)

16 Q The FDA --

17 A -- I was still speaking --

18 MS. IMES: Mr. Alexander,
19 do not cut off Dr. Landau. He's
20 answering your question.

21 THE WITNESS: What I was
22 saying, just to go back to my
23 response, it's sadly not,
24 despite the fact that Purdue, as
25 a company, along with a variety

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2 of other companies both branded
3 and generic, in the context of
4 what we call the industry
5 working group, you know, formed
6 at the request of FDA,
7 recommended strongly that --
8 that REMS training for
9 prescribers be mandatory, and
10 that mandatory training be
11 linked to the DEA registration
12 and/or recertification process.

13 That was a recommendation
14 made I believe in a public
15 meeting to the combined advisory
16 committees and FDA in 2010, and
17 that recommendation was not
18 adopted by FDA. So the REMS
19 that you see today is a product
20 of what the agency requested of
21 the industry.

22 BY MR. ALEXANDER:

23 Q If you are still the CEO
24 and were running an OxyContin business
25 together in 2021, should we do

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2 anything to promote a requirement that
3 OxyContin be prescribed only by
4 prescribers who are specially
5 certified?

6 A If I were running the
7 business post-emergence, I would work
8 with other sponsors and FDA to
9 implement such a mandatory training
10 system. Not for a single product, but
11 inclusive of one. But for all
12 products.

13 I feel the same way today
14 as I felt in 2010 and the intervening
15 time, that the, you know, oftentimes
16 bad outcomes start with the stroke of
17 a pen of a prescriber. Precisely the
18 reason the industry working group,
19 again, branded businesses and generic
20 businesses, often at odds over many
21 things, recommended strongly that
22 training be mandatory.

23 So I think it would be a
24 smart thing to do.

25 Q As the CEO of Purdue, you,

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2 were formal interviews, but I
3 certainly -- you know, having spent
4 13-plus years at the company, was a
5 fairly well-known person. I can't
6 recall if I was formally interviewed.

7 Q Did Purdue Canada have a
8 board of directors?

9 A It did have a board of
10 directors, yes.

11 Q Did you report to that
12 board when you were the CEO of Purdue
13 Canada?

14 A I did, yes.

15 Q Who was on that board when
16 you were the CEO of Purdue Canada?

17 A As I understand -- well,
18 this is working on memory here -- but
19 the board Purdue Canada was
20 responsible to consisted of both a
21 blend -- a blend of Sackler family
22 members, as well as independent
23 directors.

24 Are you asking me for the
25 names? Sorry.

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2 Q Yes. But just because I
3 don't know how remote depositions will
4 later appear.

5 MR. ALEXANDER: Mr. Suarez,
6 you can take this document down
7 because we are done with it.

8 BY MR. ALEXANDER:

9 Q Yes. Dr. Landau, if you
10 can tell us the names of the
11 individuals who served on the board of
12 directors that you reported to when
13 you were the CEO of Purdue Canada.

14 A Yes. I will do my best.

15 From a family -- Sackler
16 family perspective, on one side there
17 was Dr. Raymond Sackler, Beverly
18 Sackler, Dr. Richard Sackler, Jonathan
19 Sackler, at one point David Sackler
20 joined.

21 On the other side of the
22 family, at that time, I think it was
23 Theresa Sackler, Mortimer Sackler,
24 Junior, Dr. Kathe Sackler, and I
25 believe Ilene Sackler Lefcourt.

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2 Independent directors,

3 Peter Boer, Ralph Snyderman, Paulo

4 Costa, Jacques Theurillat, I think the

5 pronounce is correct. Cecil Pickett.

6 And perhaps Judy Lewent, but I am not

7 sure when she departed the board.

8 That's to the best of my

9 memory that those were the

10 individuals.

11 Q The whole time that you

12 worked in Canada, members of the

13 Sackler family controlled the majority

14 of the seats on that board, correct?

15 A I don't know. It -- if

16 the math I gave you indicates that,

17 perhaps that is the case. But I am

18 not sure it was designed that way or

19 if that was the case all the time.

20 I -- I just don't know.

21 Q Are there any significant

22 differences between Purdue's opioid

23 business in Canada and in the United

24 States?

25 MS. IMES: Object to the

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2 I started my responsibilities in the
3 US in early July and simultaneously
4 transitioning out of my Canadian role
5 over a period of a few months.

6 Q Did anyone interview you
7 for the position of CEO of Purdue
8 Pharma in the US?

9 A Not at that time. I
10 believe I was considered for the
11 position years earlier, prior to my
12 movement to Purdue Canada. But in
13 June of 2017, or the days or weeks
14 leading up to being assigned or asked
15 to take that role, I don't believe I
16 was interviewed.

17 Q In 2017, how did you find
18 out that you were going to be the CEO
19 of Purdue Pharma in the United States?

20 A I have a vivid memory of
21 this.

22 I was called in to -- I
23 will call it the board room. We were
24 having our mid-year meetings in
25 Greenwich, Connecticut at a hotel

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2 venue. And following the -- at the
3 end of a long week of board meetings,
4 I was called back into the -- it would
5 be a ballroom or a converted board
6 room, and I was told by Mr. Stuart
7 Baker that the board had elected to
8 offer me the role of CEO in the US
9 effective immediately.

10 Q And who else was in the
11 room besides you and Mr. Baker?

12 A A bit of a blur at the
13 time, but I believe it was the full
14 board, perhaps minus one or two folks
15 that might have had to depart a bit
16 earlier to catch a train or a flight.
17 I can't recall, but the majority of
18 the board for sure.

19 Q And did you accept the job
20 on the spot?

21 A I did.

22 Q What did you say to
23 Mr. Baker?

24 A I don't recall precisely
25 what I said, but I remember how I felt

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2 guess it's a little troubling

3 just to -- certainly more

4 prescriptions equals more

5 revenue.

6 But the premise of the

7 question, you know, as a

8 physician, especially, you know,

9 I don't know that sales

10 representatives caused doctors

11 to write prescriptions they

12 would otherwise not have

13 thought, you know, necessary to

14 write. But maybe that's just a

15 different way to look at the

16 role of the sales

17 representatives and the

18 physician.

19 BY MR. ALEXANDER:

20 Q When sales representatives

21 caused prescribers to write

22 prescriptions for higher doses of

23 Purdue opioids, that increased

24 Purdue's revenue, correct?

25 MS. IMES: Objection.

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2 THE WITNESS: Yeah. Again,
3 with all due respect, I don't
4 know that Purdue sales
5 representatives caused
6 physicians to write -- to do
7 anything.

8 I mean, as a physician,
9 it's hard for me to imagine that
10 a sales representative could
11 have that kind of influence on
12 my practice or prescribing
13 behavior.

14 But maybe as a consequence
15 of providing information, you
16 know, prescriptions that might
17 have been written for another
18 product in the category were
19 instead written for one of
20 Purdue's products or vice-versa.
21 You know, I am just not sure.

22 BY MR. ALEXANDER:

23 Q When sales representatives
24 caused prescribers to keep patients on
25 Purdue opioids longer, that increased

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2 good, was sanctioned by the
3 Sackler family or the board, I
4 think we were all aligned.

5 But loyal but not blindly
6 loyal. I mean, loyal if I
7 believed in what I was doing and
8 it corresponded to what was
9 right.

10 BY MR. ALEXANDER:

11 Q And during the time that
12 you were working at Purdue from 1999,
13 you know, all the way through today,
14 was there ever a time that you did not
15 believe in what you were doing?

16 A I don't like to speak in
17 absolutes. But I can't recall a time
18 when I thought what I was doing was
19 anything but appropriate and
20 well-intentioned and good.

21 I recall literally telling
22 many people over the course of my
23 career how much I looked forward to
24 getting up in the morning and driving
25 an hour and a half to work, and then

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2 called attention to, at the highest of
3 levels through escalation.

4 I never imagined and I
5 never bore witness to anything I
6 considered to be illegal, unethical.
7 And never -- and don't recall having
8 any of those things brought to me as
9 an individual.

10 Q In your experience at
11 Purdue, no one ever expressed to you
12 the concern that Purdue might be
13 contributing to the opioid crisis?

14 A I don't recall anyone
15 coming to me with that concern or kind
16 of statement. I think to the
17 contrary, Mr. Alexander.

18 I think -- you know, at
19 least, you know, with -- from the
20 people I was working with and
21 responsible for or associating most
22 frequently with, over the years -- and
23 again, with the exception of what the
24 company had admitted to in 2007, you
25 know, that the folks I worked with

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2 I had expressed my interest in
3 expanding my experience outside of
4 research and development where I had
5 spent, for all intents and purposes,
6 my entire career to date.

7 And eventually, I was
8 offered a number of positions to run
9 companies within the network of
10 Sackler-owned associated companies.

11 Q To whom did you express
12 your interest first that you recall?

13 A It might have been Dr.
14 Raymond Sackler, who is now deceased,
15 first.

16 Q Other than Dr. Raymond
17 Sackler and Dr. Richard Sackler, as
18 you spoke about earlier, was there
19 anybody else you spoke to about your
20 interest in expanding the experience
21 you had outside of research and
22 development?

23 A Yes. I believe at one
24 point I addressed the entire board
25 about my interest, and I expressed to

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2 Have you finished your
3 review or are you still paging
4 through?

5 THE WITNESS: I am thumbing
6 through. I am looking to
7 refamiliarize myself with the
8 document, if you just give me
9 30 seconds.

10 MR. SORKIN: Take your
11 time. Take your time.

12 THE WITNESS: Thanks.
13 (Reviewing.)

14 Okay. I am good.

15 BY MR. SORKIN:

16 Q Okay.

17 And the first page of the
18 attachment in Exhibit 16 is titled,
19 "Sackler Pharma Enterprise."

20 Do you see that?

21 A I do, yes.

22 Q And it's then subtitled,
23 "Diagnostic and Forward Plan," with
24 your name, Craig Landau, MD.

25 Do you see that?

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2 A Yes, I do.

3 Q Did someone ask you to put
4 this document together?

5 A Yes.

6 Q Who?

7 A Mortimer Sackler, Junior
8 requested that I put -- not this
9 particular document together -- but
10 that I convey my thoughts and ideas
11 for -- for their pharmaceutical
12 businesses together.

13 Q When did he ask you to do
14 that?

15 A I believe it was in March
16 of 2017.

17 Q And how did that request
18 from Dr. Sackler come about, as far as
19 you understand it?

20 A Well, I was about to board
21 an airplane with my family on the way
22 to -- I guess you call it a
23 spring/March vacation; I had young
24 children. And I received a phone call
25 from a number I didn't recognize; it

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2 was Mortimer, and he wanted to engage
3 and he asked me in the context of that
4 conversation -- he told me he was
5 making similar requests of other
6 leadership and I consented.

7 Q Did he convey to you what
8 the purpose was for asking for the
9 plan from others in leadership?

10 A I don't recall if he
11 conveyed a purpose. No. I don't
12 recall if he conveyed a purpose. I
13 don't recall.

14 Q Did you understand that
15 this document might be -- well, strike
16 that.

17 Did you understand --
18 strike that.

19 Who did you understand
20 this document was going to?

21 A It was my understanding
22 that it would -- well, that I was --
23 that ultimately it would make its way
24 to the board of directors.

25 Q Which board?

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2 A Well, my understanding,
3 from where I was sitting, was it would
4 be the MMP board.

5 Q What information did you
6 use to prepare the document that is --
7 that is attached to Exhibit 16?

8 A I don't recall. It was
9 information available to me in my
10 position as CEO of Purdue Canada.

11 Q And I assume you also used
12 by this time the information and your
13 experience from the 17 years as part
14 of Purdue US and Purdue Canada?

15 MS. IMES: Objection to
16 form.

17 THE WITNESS: I tried to
18 put my best thinking into this
19 document, which I took very
20 seriously. And my experience as
21 an individual up to and
22 including my time in Purdue
23 Canada would have contributed to
24 it.

25 BY MR. SORKIN:

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2 Q If you look at the second
3 page of this document, it ends in
4 Bates number 676.

5 MR. SORKIN: And Mr.

6 Suarez, if you can scroll down a
7 little further.

8 BY MR. SORKIN:

9 Q I am going to ask you
10 about one of the sub-bullets,
11 Dr. Landau, under the larger bullet,
12 "The US business is in a state of
13 decline and will soon be unable to
14 fund either/both investments or
15 distributions going forward."

16 I want to look at the
17 dash, the fifth one down, that starts
18 with, "There's a high rate of employee
19 turnover..."

20 Do you see that?

21 A Yes, I do.

22 Q Okay.

23 That sub-bullet states,
24 "There's a high rate of employee
25 turnover, with many directors and